

STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF SAFETY SERVICES 31 DOCK ROAD GILFORD, NH 03249-7627 (603) 293-0091 (603) 293-0586 - FAX

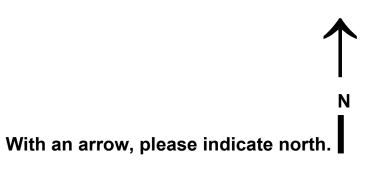
APPLICATION FOR SWIM RAFT PERMIT

NOTE: Swim Raft Permits are required on ALL public bodies of water. Swim Raft is defined as "a floating structure, not attached to the shore line, and anchored to the floor of the lake by means of ropes, cable, chain or other materials, and which may be constructed of materials such as, but not limited to wood, metal, or inflatable material.

DIRECTIONS: Complete this form and return to the address indicated above. Please Type or Print.

4.	5	WIM RAFT INFORMATION:		
	a.	Size of Swim Raft:		
	b.	Construction material of swim raft		
	b.	Body of Water on Which Swim Raft is located:		
	C.	Shore Front Property Street Address:		
	d.	City/Town:		
	e.	Lot Number and Tax Map Number:		
	f.	Is a swim line attached to or enclosing the swim raft?YesNo		
5.	Na	ame and address of abutters to the shore front property:		
		1		
		2		
6.	Please provide a diagram/map which clearly shows the following (The map must be accurate in relation to north) and must contain all of the required information.			
	b. c. d.	Your shore line and property lines (indicate feet) Proposed location of swim float and depth of water in feet and distance from shore. Any swim lines placed off the shore frontage, the length and distance from shore. Location, dimensions and distance in feet of moorings, docks, boat houses, breakwaters located off your shore front. The shore lines and property lines of your abutters in feet. Locations, dimensions and distances in feet of swim lines, moorings, docks and rafts located off your abutter's shore frontage. Unsigned or incomplete applications will be returned.		
A p	olica	ant Signature Date		

DIAGRAM:



FOR OFFICIAL USE ONLY

Applicant:		
Во	dy of Water	
Inv	estigating Officer:	
Fie	Id Investigation Notes:	
Apı	proval Status Recommendation:	
	APPROVE AS SUBMITTED.	
	APPROVE WITH SAME CONDITIONS AS PRIOR YEARS.	
	APPROVE WITH THE FOLLOWING CONDITIONS:	
	DENY - PLEASE PROVIDE REASON FOR RECOMMENDATION OF DENIAL.	
SIG	SNED DATE	